

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

10/594136 FILING DATE  
APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2	/		/		/	
3	/		/		/	
4	/		/		/	
5	/		/		/	
6	/		/		/	
7	/		/		/	
8	/		/		/	
9	/		/		/	
10	/		/		/	
11	/		/		/	
12	/		/		/	
13	/		/		/	
14	/		/		/	
15	/		/		/	
16	/		/		/	
17	/		/		/	
18	/		/		/	
19	/		/		/	
20	/		/		/	
21	/		/		/	
22	/		/		/	
23	/		/		/	
24	/		/		/	
25	/		/		/	
26	/		/		/	
27	/		/		/	
28	/		/		/	
29	/		/		/	
30	/		/		/	
31	/		/		/	
32	/		/		/	
33	/		/		/	
34	/		/		/	
35	/		/		/	
36	/		/		/	
37	/		/		/	
38	/		/		/	
39	/		/		/	
40	/		/		/	
41	/		/		/	
42	/		/		/	
43	/		/		/	
44	/		/		/	
45	/		/		/	
46	/		/		/	
47	/		/		/	
48	/		/		/	
49	/		/		/	
50	/		/		/	
TOTAL IND.	1	↓	1	↓	5	↓
TOTAL DEP.	30	←	30	←	23	←
TOTAL CLAIMS	31		31		28	

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						